Amgen Highlights The Latest EVENITY™ (Romosozumab) And Prolia® (Denosumab) Research At The American Society For Bone And Mineral Research Annual Meeting

September 8, 2017

First Presentation of Detailed EVENITY ARCH Study Results and FRAME Extension Final Analysis
10-Year Data From Long-Term Prolia FREEDOM Study

THOUSAND OAKS, Calif., Sept. 8, 2017 /PRNewswire/ -- Amgen (NASDAQ:AMGN) today announced that 19 scientific abstracts will highlight the latest scientific research on EVENITY™* (romosozumab) and Prolia® (denosumab) at this year's Annual Meeting of the American Society for Bone and Mineral Research (ASBMR) in Denver from Sept. 8-11, 2017.

"The data being presented at ASBMR underscore our steadfast focus for more than a decade to advance scientific understanding and care for the millions of people living with osteoporosis," said Sean E. Harper, M.D., executive vice president of Research and Development at Amgen. "Although those who suffer fractures often experience pain[1] and face potential loss of their independence[2], only about one-fifth of patients with a fracture are treated for the underlying disease[3]. We are pleased to share our latest research with the bone community as we work together to help solve the public health crisis in osteoporosis[4]."

The congress will feature the first presentation of full results from the EVENITY Phase 3 active-comparator ARCH study. Three abstracts from the EVENITY Phase 3 placebo-controlled FRAME study of more than 7,000 postmenopausal women with osteoporosis will also be highlighted as oral presentations. EVENITY is being co-developed by Amgen and UCB.

Prolia presentations will include new analyses from the Phase 3 FREEDOM study and its seven-year extension, including one that demonstrates 10-year continued nonvertebral fracture reduction. Additionally, data will be presented from the Phase 3 study in patients with glucocorticoid-induced osteoporosis (GiOP), as well as data demonstrating that treatment with Prolia prevents deterioration in the trabecular microstructure at the distal tibia.

ABSTRACTS OF INTEREST

EVENITY

Clinical

- **A Randomized Alendronate Controlled Trial of Romosozumab: Results of the Phase 3 ARCH Study (Active-controlled fracture study in postmenopausal women with osteoporosis at high risk)**
  Abstract LB-1162, Oral Presentation, Monday, Sept. 11, 11:45 – 11:55 a.m. MT (Mile High Ballroom)
- **Continued Fracture Risk Reduction After 12 Months of Romosozumab Followed by Denosumab Through 36 Months in the Phase 3 FRAME (Fracture study in postmenopausal women with osteoporosis) Extension**
  Abstract 1071, Oral Presentation, Sunday, Sept. 10, 9:45 – 10 a.m. MT (Mile High Ballroom)
- **FRAME Study: The Foundation Effect of Rebuilding Bone With One Year of Romosozumab Leads to Continued Lower Fracture Risk After Transition to Denosumab**
  Abstract 1110, Oral Presentation, Sunday, Sept. 10, 4:30 – 4:45 p.m. MT (Mile High Ballroom)
- **Effects of Romosozumab in Postmenopausal Women With Osteoporosis After 2 and 12 Months: Bone Histomorphometry Substudy**
  Abstract 1072, Oral Presentation, Sunday, Sept. 10, 10 – 10:15 a.m. MT (Mile High Ballroom)
- **Effects of Romosozumab in Postmenopausal Women With Osteoporosis After 2 and 12 Months Assessed by MicroCT on Iliac Crest Bone Biopsies**
  Abstract MO0128, Poster Presentation, Monday, Sept. 11, noon – 2 p.m. MT (ASBMR Discovery Hall)

Prolia

Clinical

- **Ten-year Continued Nonvertebral Fracture Reduction in Postmenopausal Osteoporosis With Denosumab Treatment**
  Abstract 1073, Oral Presentation, Sunday, Sept. 10, 10:15 – 10:30 a.m. MT (Mile High Ballroom)
- **Denosumab Treatment in Women with Osteoporosis Rapidly Prevents Deterioration in Trabecular Microstructure at the Distal Tibia**
  Abstract 1033, Oral Presentation, Friday, Sept. 8, 2:30 – 2:45 p.m. MT (Mile High Ballroom)
- **Safety and Efficacy of Denosumab Among Subjects With Mild-to-Moderate Chronic Kidney Disease (CKD) in the "Fracture Reduction Evaluation of Denosumab in Osteoporosis every 6 Months" Extension Study**
  Abstract 1070, Oral Presentation, Saturday, Sept. 9, 5:45 – 6 p.m. MT (Four Seasons Ballroom II-III)
- **Denosumab Reduced Bone Remodeling, Eroded Surface, and Erosion Depth in Cortical Bone of Iliac Crest Biopsies From Postmenopausal Women in the FREEDOM Trial**
  Abstract 1111, Oral Presentation, Sunday, Sept. 10, 4:45 – 5 p.m. MT (Mile High Ballroom) and was featured at the

ASBMR Symposium: Current Concepts in Bone Fragility – From Cells to Surrogates, Thursday, Sept. 7, 8 a.m. – 6:30 p.m. MT (Colorado Convention Center)

- **Evaluation of Invasive Oral Procedures and Events in Women With Postmenopausal Osteoporosis Treated for up to 10 Years With Denosumab: Results From the Phase 3 FREEDOM Open-label Extension**
  Abstract 1016, Oral Presentation, Friday, Sept. 8, 1:45 – 2 p.m. MT (Mile High Ballroom)
- **Effect of Denosumab Compared With Risedronate on Percentage Change in Lumbar Spine BMD at 12 Months in Subgroups of Glucocorticoid-treated Individuals**
  Abstract F0118 and SA0118, Plenary Poster, Friday, Sept. 8, 5 – 7 p.m. MT and Saturday, Sept. 9, 12:30 – 2:30 p.m. MT (ASBMR Discovery Hall – Exhibit Hall A)
- **A Meta-Analysis of 4 Clinical Trials of Denosumab Compared With Bisphosphonates in Postmenopausal Women Previously Treated With Oral Bisphosphonates**
  Abstract SU0010, Poster Presentation, Sunday, Sept. 10, 12:30 – 2:30 p.m. MT (ASBMR Discovery Hall – Exhibit Hall A)
- **Bone Matrix Mineralization After Denosumab Treatment Discontinuation**
  Abstract LB-MO0368, Poster Presentation, Monday, Sept. 11, noon – 2 p.m. MT (ASBMR Discovery Hall – Exhibit Hall A & B1)

Observational/Health Economics

- **Medication Persistence and Risk of Fracture Among Female Medicare Beneficiaries Diagnosed with Osteoporosis**
  Abstract 1035, Oral Presentation, Friday, Sept. 8, 3 – 3:15 p.m. MT (Mile High Ballroom)
- **Incidence Rates of Acute Events Leading to Hospitalization or Emergency Room Visit Among Postmenopausal Women Receiving Treatment for Osteoporosis**
  Abstract MO0173, Poster Presentation, Monday, Sept. 11, noon – 2 p.m. MT (ASBMR Discovery Hall – Exhibit Hall A)
- **Methodological Considerations in Evaluating Treatment Differences in Fracture Outcomes Among Female Medicare Beneficiaries Initiating Osteoporosis Medications**
  Abstract SU0208, Poster Presentation, Sunday, Sept. 10, 12:30 – 2:30 p.m. MT (ASBMR Discovery Hall – Exhibit Hall A)

Disease State

Observational

- **Predictors of Near-Term Non-Vertebral Fracture in Elderly Women with Osteoporosis, Osteopenia, or a History of Fracture, Based on Data from the Canadian Multicentre Osteoporosis Study (CaMos)**
  Abstract FR0264 and SA0264, Plenary Poster, Friday, Sept. 8, 5 – 7 p.m. MT and Saturday, Sept. 9, 12:30 – 2:30 p.m. MT (ASBMR Discovery Hall – Exhibit Hall A)
- **Changes in Bone Mineral Density (BMD): A Longitudinal Study of Osteoporosis Patients**
  Abstract SA0072, Poster Presentation, Saturday, Sept. 9, 12:30 – 2:30 p.m. MT (ASBMR Discovery Hall – Exhibit Hall A)
- **Testing an Evidence-based Theoretical Model of Imminent (1-year) Fracture Risk in Elderly Women: Results from the Canadian Multicentre Osteoporosis Study (CaMOS)**
  Abstract SU0316, Poster Presentation, Sunday, Sept. 10, 12:30 – 2:30 p.m. MT (ASBMR Discovery Hall – Exhibit Hall A)

About the ARCH study
ARCH (**A**ctive-cont**R**olled Fra**C**ture Study in Postmenopausal Women with Osteoporosis at **H**igh Risk of Fracture) is a Phase 3 multicenter, international, randomized, double-blind, alendronate-controlled study of EVENITY in postmenopausal women with osteoporosis at high risk for fracture based on previous fracture history. The study evaluated 12 months of EVENITY treatment followed by at least 12 months of alendronate treatment, compared with alendronate treatment alone. The purpose of this study was to determine if EVENITY treatment is effective in reducing the incidence of clinical fracture (non-vertebral fracture and clinical vertebral fracture) and new vertebral fracture. The incidence of clinical fracture was event-driven and the primary analysis occurred when 330 fractures occurred or the last patient was on the study for 24 months, whichever was later.

Patients (4,093) were randomized 1:1 to receive either 210 mg EVENITY subcutaneously every month or 70 mg alendronate orally every week for the duration of the 12-month double-blind alendronate-controlled study period. After the double-blind active-comparator study period, patients received alendronate while remaining blinded to their initial treatment assignment.

About the FRAME study
FRAME (**FRA**cture study in postmenopausal wo**M**en with ost**E**oporosis) is a multicenter, international, randomized, double-blind, placebo-controlled, parallel-group study in postmenopausal women with osteoporosis, defined as low bone mineral density at the total hip or femoral neck. The study evaluated the effectiveness of EVENITY treatment, compared with placebo, in reducing the risk of new vertebral fractures through 12 months. The study also further evaluated if EVENITY treatment for 12 months followed by denosumab treatment for 12 months, compared with placebo followed by denosumab treatment, was effective in reducing the risk of new vertebral fractures through 24 months. In addition, clinical fracture (a composite endpoint which encompasses all symptomatic fractures, both non-vertebral and painful vertebral fractures) risk reduction, non-vertebral fracture (fractures outside of the spine, excluding sites that are not considered osteoporotic, fractures due to high trauma or pathologic fractures) risk reduction and other endpoints were assessed at 12 and 24 months.

7,180 patients were randomized 1:1 to receive either 210 mg EVENITY subcutaneous (SC) monthly (QM) or placebo SC QM for the 12-month double-blind study period. After the placebo-controlled study period, patients entered the open-label phase where all patients received 60 mg denosumab SC every six months (Q6M) for 12 months, while remaining blinded to initial treatment. An additional 12 month extension period of open-label 60 mg denosumab SC Q6M is currently ongoing.

About the FREEDOM Study
The pivotal Phase 3 FREEDOM (Fracture Reduction Evaluation of Denosumab in Osteoporosis every six Months) study enrolled 7,808 women with postmenopausal osteoporosis. In the fracture study, participants were randomly assigned to receive Prolia (60 mg) or placebo subcutaneously every six months for three years, after which they could choose to enter a seven-year extension study. Eligibility criteria for the extension study included completion of the pivotal Phase 3 fracture trial, not missing more than one dose of investigational product (either Prolia or placebo) in the pivotal Phase 3 fracture trial, and not receiving any other osteoporosis medications.

In the extension, all subjects, regardless of original randomization, received open-label Prolia (60 mg) every six months. The long-term group received up to 10 years of Prolia (three years in the pivotal Phase 3 fracture study and seven years in the extension) and the cross-over group received up to seven years of Prolia (three years placebo in the pivotal Phase 3 fracture study, seven years Prolia in the extension). Of the 4,550 participants who enrolled in the extension, 2,626 completed the extension study.

About EVENITY™ (romosozumab)
EVENITY is an investigational bone-forming monoclonal antibody and is not approved by any regulatory authority for the treatment of osteoporosis. It is designed to work by inhibiting the activity of sclerostin and has a dual effect on bone, increasing bone formation and decreasing bone resorption. EVENITY has been studied for its potential to reduce the risk of fractures in an extensive global Phase 3 program. This program included two large fracture trials comparing EVENITY to either placebo or active comparator in more than 10,000 postmenopausal women with osteoporosis. Amgen and UCB are co-developing EVENITY.

About Prolia® (denosumab)
Prolia is indicated for the treatment of postmenopausal women with osteoporosis at high risk for fracture, defined as a history of osteoporotic fracture, or multiple risk factors for fracture; or patients who have failed or are intolerant to other available osteoporosis therapy. In postmenopausal women with osteoporosis, Prolia reduces the incidence of vertebral, nonvertebral, and hip fractures.

Prolia is indicated for treatment to increase bone mass in men with osteoporosis at high risk for fracture, defined as a history of osteoporotic fracture, or multiple risk factors for fracture; or patients who have failed or are intolerant to other available osteoporosis therapy.

Prolia is indicated as a treatment to increase bone mass in men at high risk for fracture receiving androgen deprivation therapy for nonmetastatic prostate cancer. In these patients Prolia also reduced the incidence of vertebral fractures.

Prolia is indicated as a treatment to increase bone mass in women at high risk for fracture receiving adjuvant aromatase inhibitor therapy for breast cancer.

Important Safety Information (U.S.)

Contraindications
Prolia® is contraindicated in patients with hypocalcemia. Pre-existing hypocalcemia must be corrected prior to initiating Prolia®. Prolia® is contraindicated in women who are pregnant and may cause fetal harm. Prolia® is contraindicated in patients with a history of systemic hypersensitivity to any component of the product. Reactions have included anaphylaxis, facial swelling and urticaria.

Same Active Ingredient
Prolia® contains the same active ingredient (denosumab) found in XGEVA®. Patients receiving Prolia® should not receive XGEVA®.

Hypersensitivity
Clinically significant hypersensitivity including anaphylaxis has been reported with Prolia®. Symptoms have included hypotension, dyspnea, throat tightness, facial and upper airway edema, pruritus, and urticaria. If an anaphylactic or other clinically significant allergic reaction occurs, initiate appropriate therapy and discontinue further use of Prolia®.

Hypocalcemia
Hypocalcemia may worsen with the use of Prolia®, especially in patients with severe renal impairment. In patients predisposed to hypocalcemia and disturbances of mineral metabolism, clinical monitoring of calcium and mineral levels is highly recommended within 14 days of Prolia® injection. Adequately supplement all patients with calcium and vitamin D.

Osteonecrosis of the Jaw (ONJ)
ONJ, which can occur spontaneously, is generally associated with tooth extraction and/or local infection with delayed healing, and has been reported in patients receiving Prolia®. An oral exam should be performed by the prescriber prior to initiation of Prolia®. A dental examination with appropriate preventive dentistry is recommended prior to treatment in patients with risk factors for ONJ such as invasive dental procedures, diagnosis of cancer, concomitant therapies (e.g., chemotherapy, corticosteroids, angiogenesis inhibitors), poor oral hygiene, and co-morbid disorders. Good oral hygiene practices should be maintained during treatment with Prolia®. The risk of ONJ may increase with duration of exposure to Prolia®.

For patients requiring invasive dental procedures, clinical judgment should guide the management plan of each patient. Patients who are suspected of having or who develop ONJ should receive care by a dentist or an oral surgeon. Extensive dental surgery to treat ONJ may exacerbate the condition. Discontinuation of Prolia® should be considered based on individual benefit-risk assessment.

Atypical Femoral Fractures
Atypical low-energy, or low trauma fractures of the shaft have been reported in patients receiving Prolia®. Causality has not been established as these fractures also occur in osteoporotic patients who have not been treated with antiresorptive agents.

During Prolia® treatment, patients should be advised to report new or unusual thigh, hip, or groin pain. Any patient who presents with thigh or groin pain should be evaluated to rule out an incomplete femur fracture. Interruption of Prolia® therapy should be considered, pending a risk/benefit assessment, on an individual basis.

Multiple Vertebral Fractures (MVF) Following Discontinuation of Prolia® Treatment

Following discontinuation of Prolia® treatment, fracture risk increases, including the risk of multiple vertebral fractures. New vertebral fractures occurred as early as 7 months (on average 19 months) after the last dose of Prolia®. Prior vertebral fracture was a predictor of multiple vertebral fractures after Prolia® discontinuation. Evaluate an individual's benefit/risk before initiating treatment with Prolia®. If Prolia® treatment is discontinued, consider transitioning to an alternative antiresorptive therapy.

Serious Infections
In a clinical trial (N= 7808) in women with postmenopausal osteoporosis, serious infections leading to hospitalization were reported more frequently in the Prolia® group than in the placebo group. Serious skin infections, as well as infections of the abdomen, urinary tract and ear were more frequent in patients treated with Prolia®.

Endocarditis was also reported more frequently in Prolia®-treated patients. The incidence of opportunistic infections and the overall incidence of infections were similar between the treatment groups. Advise patients to seek prompt medical attention if they develop signs or symptoms of severe infection, including cellulitis.

Patients on concomitant immunosuppressant agents or with impaired immune systems may be at increased risk for serious infections. In patients who develop serious infections while on Prolia®, prescribers should assess the need for continued Prolia® therapy.

Dermatologic Adverse Reactions
In the same clinical trial in women with postmenopausal osteoporosis, epidermal and dermal adverse events such as dermatitis, eczema and rashes occurred at a significantly higher rate with Prolia® compared to placebo. Most of these events were not specific to the injection site. Consider discontinuing Prolia® if severe symptoms develop.

Musculoskeletal Pain
Severe and occasionally incapacitating bone, joint, and/or muscle pain has been reported in patients taking Prolia®. Consider discontinuing use if severe symptoms develop.

Suppression of Bone Turnover
In clinical trials in women with postmenopausal osteoporosis, Prolia® resulted in significant suppression of bone remodeling as evidenced by markers of bone turnover and bone histomorphometry. The significance of these findings and the effect of long-term treatment are unknown. Monitor patients for these consequences, including ONJ, atypical fractures, and delayed fracture healing.

Adverse Reactions
The most common adverse reactions (>5% and more common than placebo) in women with postmenopausal osteoporosis are back pain, pain in extremity, musculoskeletal pain, hypercholesterolemia, and cystitis. The most common adverse reactions (> 5% and more common than placebo) in men with osteoporosis are back pain, arthralgia, and nasopharyngitis. Pancreatitis has been reported with Prolia®.

In women with postmenopausal osteoporosis, the overall incidence of new malignancies was 4.3% in the placebo group and 4.8% in the Prolia® group. In men with osteoporosis, new malignancies were reported in no patients in the placebo group and 4 (3.3%) patients in the Prolia® group. A causal relationship to drug exposure has not been established.

The most common (per patient incidence ≥ 10%) adverse reactions reported with Prolia® in patients with bone loss receiving ADT for prostate cancer or adjuvant AI therapy for breast cancer are arthralgia and back pain. Pain in extremity and musculoskeletal pain have also been reported in clinical trials. Additionally, in Prolia®-treated men with nonmetastatic prostate cancer receiving ADT, a greater incidence of cataracts was observed.

Denosumab is a human monoclonal antibody. As with all therapeutic proteins, there is potential for immunogenicity.

For more information, please see the Prolia® full Prescribing Information, and Medication Guide.

About Amgen
Amgen is committed to unlocking the potential of biology for patients suffering from serious illnesses by discovering, developing, manufacturing and delivering innovative human therapeutics. This approach begins by using tools like advanced human genetics to unravel the complexities of disease and understand the fundamentals of human biology.

Amgen focuses on areas of high unmet medical need and leverages its expertise to strive for solutions that improve health outcomes and dramatically improve people's lives. A biotechnology pioneer since 1980, Amgen has grown to be one of the world's leading independent biotechnology companies, has reached millions of patients around the world and is developing a pipeline of medicines with breakaway potential.

For more information, visit www.amgen.com and follow us on www.twitter.com/amgen.

Amgen Forward-Looking Statements
This news release contains forward-looking statements that are based on the current expectations and beliefs of Amgen. All statements, other than statements of historical fact, are statements that could be deemed forward-looking statements, including estimates of revenues, operating margins, capital expenditures, cash, other financial metrics, expected legal, arbitration, political, regulatory or clinical results or practices, customer and prescriber patterns or practices, reimbursement activities and outcomes and other such estimates and results. Forward-looking statements involve significant risks and uncertainties, including those discussed below and more fully described in the Securities and Exchange Commission reports filed by Amgen, including its most recent annual report on Form 10-K and any subsequent periodic reports on Form 10-Q and Form 8-K. Unless otherwise noted, Amgen is providing this information as of the date of this news release and does not undertake any obligation to update any forward-looking statements contained in this document as a result of new information, future events or otherwise.

No forward-looking statement can be guaranteed and actual results may differ materially from those Amgen projects. Discovery or identification of new product candidates or development of new indications for existing products cannot be guaranteed and movement from concept to product is uncertain; consequently, there can be no guarantee that any particular product candidate or development of a new indication for an existing product will be successful and become a commercial product. Further, preclinical results do not guarantee safe and effective performance of product candidates in

humans. The complexity of the human body cannot be perfectly, or sometimes, even adequately modeled by computer or cell culture systems or animal models. The length of time that it takes for Amgen to complete clinical trials and obtain regulatory approval for product marketing has in the past varied and Amgen expects similar variability in the future. Even when clinical trials are successful, regulatory authorities may question the sufficiency for approval of the trial endpoints Amgen has selected. Amgen develops product candidates internally and through licensing collaborations, partnerships and joint ventures. Product candidates that are derived from relationships may be subject to disputes between the parties or may prove to be not as effective or as safe as Amgen may have believed at the time of entering into such relationship. Also, Amgen or others could identify safety, side effects or manufacturing problems with its products, including its devices, after they are on the market.

Amgen's results may be affected by its ability to successfully market both new and existing products domestically and internationally, clinical and regulatory developments involving current and future products, sales growth of recently launched products, competition from other products including biosimilars, difficulties or delays in manufacturing its products and global economic conditions. In addition, sales of Amgen's products are affected by pricing pressure, political and public scrutiny and reimbursement policies imposed by third-party payers, including governments, private insurance plans and managed care providers and may be affected by regulatory, clinical and guideline developments and domestic and international trends toward managed care and healthcare cost containment. Furthermore, Amgen's research, testing, pricing, marketing and other operations are subject to extensive regulation by domestic and foreign government regulatory authorities. Amgen's business may be impacted by government investigations, litigation and product liability claims. In addition, Amgen's business may be impacted by the adoption of new tax legislation or exposure to additional tax liabilities. If Amgen fails to meet the compliance obligations in the corporate integrity agreement between it and the U.S. government, Amgen could become subject to significant sanctions. Further, while Amgen routinely obtains patents for its products and technology, the protection offered by its patents and patent applications may be challenged, invalidated or circumvented by its competitors, or Amgen may fail to prevail in present and future intellectual property litigation. Amgen performs a substantial amount of its commercial manufacturing activities at a few key manufacturing facilities and also depends on third parties for a portion of its manufacturing activities, and limits on supply may constrain sales of certain of its current products and product candidate development. In addition, Amgen competes with other companies with respect to many of its marketed products as well as for the discovery and development of new products. Further, some raw materials, medical devices and component parts for Amgen's products are supplied by sole third-party suppliers. Certain of Amgen's distributors, customers and payers have substantial purchasing leverage in their dealings with Amgen. The discovery of significant problems with a product similar to one of Amge's products that implicate an entire class of products could have a material adverse effect on sales of the affected products and on its business and results of operations. Amgen's efforts to acquire other companies or products and to integrate the operations of companies Amgen has acquired may not be successful. Amgen may not be able to access the capital and credit markets on terms that are favorable to it, or at all. Amgen is increasingly dependent on information technology systems, infrastructure and data security. Amgen's stock price may be volatile and may be affected by a number of events. Amgen's business performance could affect or limit the ability of the Amgen Board of Directors to declare a dividend or its ability to pay a dividend or repurchase its common stock.

The scientific information discussed in this news release related to Amgen's product candidates is preliminary and investigative. Such product candidates are not approved by the U.S. Food and Drug Administration, and no conclusions can or should be drawn regarding the safety or effectiveness of the product candidates. Further, the scientific information discussed in this news release relating to new indications for our products is preliminary and investigative and is not part of the labeling approved by the U.S. Food and Drug Administration for the products. The products are not approved for the investigational use(s) discussed in this news release, and no conclusions can or should be drawn regarding the safety or effectiveness of the products for these uses.

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* The trade name EVENITY™ is provisionally approved for use by the U.S. Food and Drug Administration and the European Medicines Agency.

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[1] Abimanyi-Ochom J. Osteoporos Int. 2015;26:1781-1790

[2] Bone Health and Osteoporosis: A Report of the Surgeon General. U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General, Washington, DC, 2004. https://www.ncbi.nlm.nih.gov/books/NBK45513/pdf/Bookshelf_NBK45513.pdf. Accessed August 23, 2017.

[3] Boudreau D et al. A Survey of Women's Awareness of and Reasons for Lack of Postfracture Osteoporotic Care. J Am Geriatri Soc. 2017.

[4] ASBMR Issues "Call to Action to Address the Crisis in the Treatment of Osteoporosis." American Society for Bone Mineral Research. http://www.asbmr.org/Assets/d5139738-e1b3-4645-859a-96affc059ae3/636098972158530000/call-to-action-to-address-the-crisis-in-the-treatment-of-osteoporosis-final-003-pdf. Accessed August 23, 2017.

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